

# Epitomes

## Important Advances in Clinical Medicine

### General and Family Practice

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in general and family practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers or scholars to stay abreast of these items of progress in general and family practice that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panel to the Section on General and Family Practice of the California Medical Association and the summaries were prepared under its direction.*

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#### Genital Herpes Infections

THE NUMBER of genital herpes infections has increased dramatically over the past decade. With an estimated 300,000 new cases and 9 million recurrences per year, herpes may, in fact, be the most prevalent of all sexually transmitted diseases.

Herpes simplex virus (HSV) type II is the agent chiefly responsible for genital infections, although type I is present in a small percentage of cases. The infection is usually transmitted by sexual contact with someone who has active disease. In some situations, the infection may be a reactivation of the virus from a quiescent phase following a previous infection. Apparent but not well-understood triggers of the reactivation process include emotional distress, menstruation and pneumococcal and meningococcal infections.

Herpes genitalis can usually be diagnosed by history and physical examination alone. Several days after sexual contact with an infected partner, a person may have local symptoms of discomfort and systemic symptoms of fever, headache, myalgias and groin adenopathy. The herpetic lesion that appears progresses from a papule initially to a vesicle and then an ulcer that usually heals without scarring. Unfortunately, although most recover uneventfully from the primary episode, more than two thirds of those infected typically have more than five recurrences per year.

Viral culture remains the method of choice for confirming the presence of genital herpes infections. Antigen testing using fluorescein-immunoperoxidase assay methods alone have improved but are not yet readily available. The Tzanck cell test and Papanicolaou test can be done in office but have low sensitivity and specificity. Serologic testing has not proved to be practically useful.

The management of genital herpes is palliative rather than curative. Topical acyclovir may be used to reduce symptoms of a first episode. Acyclovir may be given orally to treat initial

episodes (200 mg five times a day for ten days) or individual recurrences (200 mg five times a day for five days). If a person has at least six to eight recurrences per year, suppression therapy may be indicated (200 mg three times a day for as long as six months). Continuous treatment beyond six months has not yet proved safe or effective.

For those pregnant women who have a history of herpes genitalis or known exposure, cervical cultures are done weekly late in the third trimester. If HSV is detected within two weeks of delivery and membranes have been ruptured less than four hours, a cesarean section is recommended. About 40% to 80% of infants born through an infected birth canal are affected and face a mortality rate of 60%.

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#### REFERENCES

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#### Exercise Prescription

EXERCISE PRESCRIPTION is in the process of rapid growth and redefinition. Until recently, the term "exercise prescription" has been thought by many to be synonymous with "aerobic exercise prescription," largely through the pioneering work of Kenneth Cooper and others. The basic requirement for maintaining aerobic fitness is to achieve 70% of the predicted maximal heart rate for 10 to 15 minutes three times a week. This concept has been widely accepted. Exercise physiologists and physical therapists have called for an expansion of this concept to exercise prescription. They have recom-